

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact**FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 3/16

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) to develop a program for screening students susceptible to tooth decay and provide dental sealants to students. Specifies program must screen and provide services to students in first, second, sixth and seventh grade, and those who attend schools with at least 40 percent of students eligible for United States Department of Agriculture’s National School Lunch Program. Appropriates funds for biennium beginning July 1, 2015. Declares emergency, effective on passage.

ISSUES DISCUSSED:

EFFECT OF COMMITTEE AMENDMENT:-1 amendment: Establishes oral health program to collect data on tooth decay, create statewide plan for screening and providing dental sealants to at-risk students, determine whether each school eligible to participate may benefit from oral health program, directly provide dental sealants to students for school determined to not benefit from oral health program, creates process to certify and recertify individuals who administer dental sealants. Creates circumstances for independent oral health program and students who are in coordinated care organizations. **-2 amendment:** Removes reference to United States Department of Agriculture’s National School Lunch Program.

BACKGROUND: Oral health is vital for sustaining overall health, getting good nutrition and communicating with others. It is an indicator of overall health and a preventative measure. Oral disease often brings disabling pain which can worsen heart and respiratory conditions and auto-immune diseases. One study in Oregon found that dental pain is a more frequent cause of emergency room visits than headache, fever and asthma. Racial, economic and geographic factors influence access to timely prevention and treatment.

The Oregon Health Authority (OHA) conducted a survey in 2012 of school aged children’s oral health. Results show that oral disease disparities exist for school-age children. Children from lower-income households had higher cavity rates compared to children from higher-income households (63% vs. 38%), almost twice the rate of untreated tooth decay (25% vs.13%) and more than twice the rate of rampant tooth decay (19% vs. 8%). In addition, about 24,000 children ages 6 to 9 were in need of early or urgent dental care. Up to 3,800 children in 1st to 3rd grades in Oregon reported dental pain or infection on any given day.